



Michigan Department of Agriculture PI-233 (9/08)
P.O. Box 30776, Lansing, MI 48909-8246 • 517-241-6666

In accordance with 1994 Public Act 451, as amended.

Application Date.: ____/____/____
Issue Date: ____/____/____
Expired Date: ____/____/____
Validation # _____

Agricultural Pesticide Dealer License Application

License Year Ending: December 31 _____ Status: ☐ New ☐ Renewal
License No. of Establishments _____ ☐ No Longer Needed

For Official Use Only

Business Information

Business Name: _____
Street Address: _____
City: _____ State: _____
County: _____ Zip: _____
Business Phone: (____) _____ Business Fax: (____) _____
Business Email: _____
Mailing address if different from above: Street or P.O. Box: _____

City: _____ State: _____ County: _____ Zip: _____

Corporate/Owner Information

Ownership Type: ☐ Corporation ☐ Sole Ownership ☐ Partnership ☐ L.L.C. ☐ Other: Specify _____
Corporation Name: _____ MI Corp. ID No. _____
Street Address of Corporation: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Email: _____
Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID No.

Resident Agent Information

Resident Agent Name: _____ Bus. E-mail: _____
Street Address: _____ City: _____ State: _____
County: _____ Zip: _____ Bus. Phone: (____) _____ Bus. Fax: (____) _____
Mailing address if different from above: Street or P.O. Box: _____
City: _____ State: _____ Zip: _____

License Fees (Non-refundable)

AOBJ: 0352

☐ Dealer License Fee \$100

Payment Method: Check/Money Order No. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Person in Charge Signature: _____ Date: _____

Please print your name here: _____

Title: _____

www.michigan.gov/mda-licensing